

To All New Valet Service Customers

Please note that for permanent disability, certification of your eligibility will be required annually.

You will be sent a renewal form.

Valet Service is only for residential garbage collection.

Please complete the enclosed form and return it to the Solid Waste Management Department. The Solid Waste Management Department is pleased to offer twice a week valet waste collection services to residents who are unable to bring their containers to the curb. In order to provide the Valet Service efficiently, we must make sure that this service is provided only to qualified residents. Qualified residents are those individuals who, because of a permanent or temporary physical disability, are unable to bring the garbage waste cart to the curb, **and who do not share a residence with an able-bodied person who could move the waste receptacles.**

If you require Valet Service collection because of a permanent or temporary physical condition, you must have a physician confirm your inability to bring your waste cart to the curb.

The application will not be considered complete without a physician's signature.

You or your doctor's office may return the completed form by mail or email which is listed at the top of the form. Thank you for your cooperation with this process.

Kind regards Sanitation Department City of Minot 701-857-4140

CITY OF MINOT SOLID WASTE MANAGEMENT DEPARTMENT APPLICATION FOR VALET SERVICE COLLECTION

Mail completed form to: Public Works, PO Box 5006, Minot, ND 58702-5006 or email to pw@minotnd.org.

Citizen's Statement (please pr	rint):
Name:	Phone #:
Address:	Email (optional):
☐ I request Valet Ser	carefully, and check the box beside it if you agree. vice because I am unable to bring my waste cart to the curb, and died person residing with me who could move the container.
1 .	physical disability. physical disability until
I understand that aft	ter this date, I will be removed from the Valet Service list.
revoked at any time by the Solid determination may be made base give permission to the City of Mir	ce is for waste collection only. I also understand that this service may be d Waste Management Department if I no longer qualify for assistance. This ed on observations by Solid Waste Management operations employees. I also not employees to enter upon my property for the purpose of moving the cart to ore the cart in a conspicuous, outdoor location easily accessible to the City of
Signature:	Date:
Physician's Statement:	
The city issued 35 gallon was wheels to make rolling the car weighs 56 lbs and is equipped For medical reason(s), the above	ove individual is unable to and should not move the garbage cart to the
	ked the correct status—either permanent or temporary. If temporary, I ustomer will need backdoor service.
☐ Permanent (renewed annua	lly) Temporary until (Date)
Physician Name:	
Physician Address:	
	Date:
FOR	
Date Received:	SOLID WASTE MANAGEMENT USE ONLY Date Customer Contacted:

Signature:

☐ Approved ☐ Not Approved ------ Reason: